

20.b. Services for any other  
medical conditions that  
may complicate pregnancy

A service for any other medical condition that may complicate pregnancy is defined as a service provided to a pregnant woman for the treatment of a chronic or abnormal disorder, as identified by ICD-9 diagnoses codes 630 through 648.9 and 652 through 676.9, as well as urgent care. An urgent care service means a service provided to a pregnant woman after the onset of a medical condition manifesting itself by symptoms of sufficient severity that the absence of medical attention could reasonably be expected to result in a deterioration of the patient's condition, or a need for a higher level of care.

It is not possible to define an array of procedure and/or diagnosis codes which can relate to all possible urgent care services. Thus, providers are expected to reasonably interpret the urgent care service definition above.

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23. Pediatric or Family Nurse  
Practitioners' Services

Provided with limitations.

Medicaid reimbursement is available for medically necessary, reasonable and preventative health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.

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## 24. Any Other Medical Care

Provided with limitations.

## 24. a. Transportation Services

Transportation services are covered subject to the limitations set out in 405 IAC 1-6-17 and 405 IAC 1-6-18. Reimbursement is available for up to twenty one-way trips, of less than 50 miles, per recipient per rolling 12 month period. Additional trips and trips of 50 miles or more one way are subject to prior authorization. Emergency ambulance and trips to/from a hospital for inpatient admission/discharge are exempt from the numeric cap and do not require PA.

## 24.b. Services of Christian Science Nurses

Provided within the limitations of 42 CFR 440.170(b).

## 24.c. Care and Services Provided in Christian Science Sanitoria

Provided within the limitations of 42 CFR 440.170(c).

## 24.d. Skilled Nursing Facility Services for Patients under 21 Years of Age

Provided with limitations.

Prior review and authorization by the Medicaid agency is required for nursing home admissions, level of care and scope of services for recipients admitted to a long term care facility. When a recipient is to be admitted to a long term care facility directly from a hospital, the attending physician may obtain an expeditious prior authorization and review via telephone. The appropriate Form 450 must then be submitted. All services discussed under skilled nursing facility services and previously discussed in this attachment as requiring prior review and authorization will also require review for patients under 21 years old.

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